

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A4206*				75% OF BILLED
A4207*				75% OF BILLED
A4208*				75% OF BILLED
A4209*				75% OF BILLED
A4210*				75% OF BILLED
A4211*				75% OF BILLED
A4212*				75% OF BILLED
A4213*				75% OF BILLED
A4214*				\$1.75
A4215*				75% OF BILLED
A4216*				75% OF BILLED
A4217*				75% OF BILLED
A4220*				75% OF BILLED
A4221*				\$22.26
A4222*				\$44.17
A4230*				75% OF BILLED
A4231*				75% OF BILLED
A4232*				75% OF BILLED
A4244*				75% OF BILLED
A4245*				75% OF BILLED
A4246*				75% OF BILLED
A4247*				75% OF BILLED
A4250*				75% OF BILLED
A4253*				\$35.87
A4254*				\$6.58
A4255*				\$4.11
A4256*				\$11.44
A4257*				\$12.75
A4258*				\$17.75
A4259*				\$12.74
A4261				75% OF BILLED
A4265				\$3.39
A4270				75% OF BILLED
A4280				\$4.99
A4305				75% OF BILLED
A4306				75% OF BILLED
A4310*				\$6.99
A4311*				\$14.84
A4312*				\$16.65
A4313*				\$16.65
A4314*				\$23.02
A4315*				\$23.02
A4316*				\$24.14
A4319*				\$6.33
A4320*				\$4.72
A4321*				75% OF BILLED
A4322*				\$3.04
A4323*				\$8.78
A4324*				\$2.17
A4325*				\$1.80
A4326*				\$9.74
A4327*				\$44.62
A4328*				\$10.45

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A4330*	\$6.08
A4331*	\$3.18
A4332*	\$0.12
A4333*	\$2.20
A4334*	\$4.93
A4335*	75% OF BILLED
A4338*	\$12.26
A4340*	\$26.99
A4344*	\$13.62
A4346*	\$17.85
A4347*	\$18.39
A4348*	\$27.83
A4351*	\$1.54
A4352*	\$5.46
A4353*	\$7.00
A4354*	\$10.03
A4355*	\$8.01
A4356*	\$43.34
A4357*	\$8.25
A4358*	\$6.36
A4359*	\$30.63
A4361*	\$18.37
A4362*	\$3.10
A4363*	\$3.93
A4364*	\$2.49
A4365*	\$11.32
A4366*	\$12.91
A4367*	\$7.28
A4368*	\$0.26
A4369*	\$2.06
A4371*	\$3.60
A4372*	\$4.18
A4373*	\$6.28
A4375*	\$17.18
A4376*	\$47.58
A4377*	\$4.29
A4378*	\$30.75
A4379*	\$15.02
A4380*	\$37.33
A4381*	\$4.61
A4382*	\$24.62
A4383*	\$28.19
A4384*	\$9.62
A4385*	\$5.10
A4388*	\$4.36
A4389*	\$6.22
A4390*	\$9.61
A4391*	\$7.07
A4392*	\$8.18
A4393*	\$9.04
A4394*	\$2.58
A4395*	\$0.05
A4396*	\$40.48
A4397*	\$4.79

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A4398*	\$13.81
A4399*	\$10.44
A4400*	\$41.54
A4402*	\$1.60
A4404*	\$1.69
A4405*	\$3.40
A4406*	\$5.74
A4407*	\$8.76
A4408*	\$9.87
A4409*	\$6.22
A4410*	\$9.04
A4413*	\$5.50
A4414*	\$4.93
A4415*	\$6.00
A4416*	\$2.75
A4417*	\$3.72
A4418*	\$1.81
A4419*	\$1.74
A4420*	\$1.74
A4421*	75% OF BILLED
A4422*	\$0.12
A4423*	\$1.86
A4424*	\$4.75
A4425*	\$3.58
A4426*	\$2.73
A4427*	\$2.78
A4428*	\$6.51
A4429*	\$8.25
A4430*	\$8.52
A4431*	\$6.22
A4432*	\$3.59
A4433*	\$3.34
A4434*	\$3.76
A4450*	\$0.09
A4452*	\$0.36
A4455*	\$1.26
A4458*	75% OF BILLED
A4462*	\$3.29
A4465*	75% OF BILLED
A4470*	75% OF BILLED
A4480*	75% OF BILLED
A4481*	\$0.38
A4483*	75% OF BILLED
A4490*	75% OF BILLED
A4495*	75% OF BILLED
A4500*	75% OF BILLED
A4510*	75% OF BILLED
A4521	75% OF BILLED
A4522	75% OF BILLED
A4523	75% OF BILLED
A4524	75% OF BILLED
A4529	75% OF BILLED
A4530	75% OF BILLED
A4533	75% OF BILLED

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A4535	75% OF BILLED
A4536	75% OF BILLED
A4537	75% OF BILLED
A4554*	75% OF BILLED
A4556	\$12.14
A4557	\$21.10
A4558	\$5.45
A4561	75% OF BILLED
A4562	75% OF BILLED
A4565	75% OF BILLED
A4570	75% OF BILLED
A4575	75% OF BILLED
A4580	75% OF BILLED
A4590	75% OF BILLED
A4595	\$28.35
A4606	75% OF BILLED
A4608	\$58.15
A4609*	\$14.30
A4610*	\$22.34
A4611*	\$196.45
A4612*	\$67.94
A4613*	\$122.58
A4614*	\$23.78
A4615*	75% OF BILLED
A4616*	75% OF BILLED
A4617*	75% OF BILLED
A4618*	\$7.56
A4619*	\$1.21
A4620*	75% OF BILLED
A4621*	\$1.39
A4622*	\$51.98
A4623*	\$6.55
A4624*	\$2.63
A4625*	\$6.93
A4626*	\$3.19
A4627*	75% OF BILLED
A4628*	\$3.65
A4629*	\$4.61
A4630	\$6.25
A4631	\$99.97
A4632*	75% OF BILLED
A4633	\$41.04
A4634	75% OF BILLED
A4635	\$5.12
A4636	\$4.21
A4637	\$1.81
A4638	75% OF BILLED
A4639	\$287.21
A4640	\$63.32
A4649	75% OF BILLED
A4651	75% OF BILLED
A4652	75% OF BILLED
A4653	75% OF BILLED
A4656	75% OF BILLED

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A4657	75% OF BILLED
A4660	75% OF BILLED
A4663	75% OF BILLED
A4670	75% OF BILLED
A4927	75% OF BILLED
A4928	75% OF BILLED
A4930	75% OF BILLED
A4931	75% OF BILLED
A4932	75% OF BILLED
A5051*	\$2.07
A5052*	\$1.49
A5053*	\$1.74
A5054*	\$1.79
A5055*	\$1.39
A5061*	\$3.52
A5062*	\$2.09
A5063*	\$2.70
A5071*	\$6.01
A5072*	\$2.99
A5073*	\$2.70
A5081*	\$2.81
A5082*	\$11.89
A5093*	\$1.95
A5102*	\$22.42
A5105*	\$39.33
A5112*	\$34.62
A5113*	\$4.00
A5114*	\$8.94
A5119*	\$10.85
A5121*	\$7.46
A5122*	\$10.92
A5126*	\$1.32
A5131*	\$14.66
A5200*	\$11.29
A5500*	75% OF BILLED
A5501*	75% OF BILLED
A5503*	75% OF BILLED
A5504*	75% OF BILLED
A5505*	75% OF BILLED
A5506*	75% OF BILLED
A5507*	75% OF BILLED
A5508*	75% OF BILLED
A5509*	75% OF BILLED
A5510*	75% OF BILLED
A5511*	75% OF BILLED
A6000	75% OF BILLED
A6010	\$30.96
A6011	\$2.28
A6021	\$21.02
A6022	\$21.02
A6023	\$190.30
A6024	\$6.19
A6025	75% OF BILLED
A6154	\$14.36

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A6196	\$7.35
A6197	\$16.44
A6198	75% OF BILLED
A6199	\$5.29
A6200	\$9.50
A6201	\$20.80
A6202	\$34.88
A6203	\$3.35
A6204	\$6.23
A6205	75% OF BILLED
A6206	75% OF BILLED
A6207	\$7.34
A6208	75% OF BILLED
A6209	\$7.48
A6210	\$19.92
A6211	\$29.37
A6212	\$9.70
A6213	75% OF BILLED
A6214	\$10.29
A6215	75% OF BILLED
A6216	\$0.05
A6217	75% OF BILLED
A6218	75% OF BILLED
A6219	\$0.95
A6220	\$2.58
A6221	75% OF BILLED
A6222	\$2.13
A6223	\$2.42
A6224	\$3.61
A6228	75% OF BILLED
A6229	\$3.61
A6230	75% OF BILLED
A6231	\$4.68
A6232	\$6.88
A6233	\$19.19
A6234	\$6.54
A6235	\$16.82
A6236	\$27.25
A6237	\$7.91
A6238	\$22.79
A6239	75% OF BILLED
A6240	\$12.24
A6241	\$2.57
A6242	\$6.07
A6243	\$12.31
A6244	\$39.28
A6245	\$7.27
A6246	\$9.92
A6247	\$23.78
A6248	\$16.24
A6250	75% OF BILLED
A6251	\$1.99
A6252	\$3.25
A6253	\$6.34

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A6254	\$1.21
A6255	\$3.03
A6256	75% OF BILLED
A6257	\$1.53
A6258	\$4.30
A6259	\$10.94
A6260	75% OF BILLED
A6261	75% OF BILLED
A6262	75% OF BILLED
A6266	\$1.92
A6402	\$0.12
A6403	\$0.43
A6404	75% OF BILLED
A4607	\$1.88
A6410	\$0.39
A6411	75% OF BILLED
A6412	75% OF BILLED
A6421	\$2.09
A6422	\$1.17
A6424	\$2.05
A6426	\$1.88
A6428	\$3.04
A6430	\$8.76
A6436	\$19.08
A6440	\$12.69
A6441	\$0.67
A6442	\$0.17
A6443	\$0.29
A6444	\$0.56
A6445	\$0.32
A6446	\$0.41
A6447	\$0.67
A6448	\$1.16
A6449	\$1.75
A6450	75% OF BILLED
A6451	75% OF BILLED
A6452	\$8.91
A6453	\$0.61
A6454	\$0.77
A6455	\$1.39
A6456	\$1.28
A6501	75% OF BILLED
A6502	75% OF BILLED
A6503	75% OF BILLED
A6504	75% OF BILLED
A6505	75% OF BILLED
A6506	75% OF BILLED
A6507	75% OF BILLED
A6508	75% OF BILLED
A6509	75% OF BILLED
A6510	75% OF BILLED
A6511	75% OF BILLED
A6512	75% OF BILLED
A6550	\$27.42

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A6551		\$24.53
A7000		\$9.54
A7001		\$33.08
A7002		\$3.83
A7003		\$2.74
A7004		\$1.80
A7005		\$30.83
A7006		\$9.54
A7007		\$4.61
A7008		\$11.00
A7009		\$42.04
A7010		\$23.59
A7011		75% OF BILLED
A7012		\$3.78
A7013		\$0.83
A7014		\$4.49
A7015		\$1.88
A7016		\$7.25
A7017		\$134.04
A7017	RR	\$13.40
A7018		\$0.38
A7019		\$0.34
A7020		\$2.75
A7025		\$434.94
A7026		\$28.75
A7030*		\$188.64
A7031*		\$69.77
A7032*		\$40.53
A7033*		\$28.41
A7034*		\$117.64
A7035*		\$39.75
A7036*		\$18.20
A7037*		\$41.02
A7038*		\$5.39
A7039*		\$15.33
A7044*		\$120.91
A7046*		\$19.51
A7501		\$105.03
A7502		\$49.91
A7503		\$11.33
A7504		\$0.67
A7505		\$4.68
A7506		\$0.33
A7507		\$2.49
A7508		\$2.87
A7509		\$1.41
A7520		\$47.48
A7521		\$47.05
A7522		\$45.16
A7523		75% OF BILLED
A7524		\$77.40
A7525		\$2.07
A7526		\$3.37
A9999		75% OF BILLED

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B4034			Y	\$5.78
B4035			Y	\$11.02
B4036			Y	\$7.55
B4081			Y	\$20.42
B4082			Y	\$15.20
B4083			Y	\$2.32
B4086			Y	75% OF BILLED
B4100	BO		Y	75% OF BILLED
B4150			Y	\$0.63
B4150	BO		Y	\$0.63
B4151			Y	\$1.48
B4151	BO		Y	\$1.48
B4152			Y	\$0.53
B4152	BO		Y	\$0.53
B4153			Y	\$1.80
B4153	BO		Y	\$1.80
B4154			Y	\$1.15
B4154	BO		Y	\$1.15
B4155			Y	\$0.90
B4155	BO		Y	\$0.90
B4156			Y	\$1.28
B4156	BO		Y	\$1.28
B4164			Y	\$15.57
B4168			Y	\$22.67
B4172			Y	75% OF BILLED
B4176			Y	\$43.88
B4178			Y	\$52.68
B4180			Y	\$22.31
B4184			Y	\$73.14
B4186			Y	\$97.53
B4189			Y	\$162.74
B4193			Y	\$210.30
B4197			Y	\$256.02
B4199			Y	\$292.56
B4216			Y	\$7.08
B4220			Y	\$7.33
B4222			Y	\$9.04
B4224			Y	\$22.90
B5000			Y	\$10.88
B5100			Y	\$4.26
B5200			Y	75% OF BILLED
B9000		Y	Y	\$1,158.13
B9000	RR		Y	\$106.42
B9002		Y	Y	\$1,158.13
B9002	RR		Y	\$112.17
B9004		Y	Y	\$2,310.15
B9004	RR		Y	\$365.72
B9006		Y	Y	\$2,310.15
B9006	RR		Y	\$365.72
B9998			Y	75% OF BILLED
B9999			Y	75% OF BILLED
E0100				\$21.07
E0100	RR			\$5.39
E0105				\$49.11

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E0105	RR		\$8.86
E0110			\$77.59
E0110	RR		\$13.59
E0111			\$53.26
E0111	RR		\$7.17
E0112			\$37.00
E0112	RR		\$9.85
E0113			\$17.96
E0113	RR		\$5.15
E0114			\$47.19
E0114	RR		\$8.57
E0116			\$27.74
E0116	RR		\$5.40
E0117			\$192.71
E0117	RR		\$19.26
E0130			75% OF BILLED
E0130	RR		75% OF BILLED
E0135			75% OF BILLED
E0135	RR		75% OF BILLED
E0140			75% OF BILLED
E0140	RR		75% OF BILLED
E0141			75% OF BILLED
E0141	RR		75% OF BILLED
E0143			75% OF BILLED
E0143	RR		75% OF BILLED
E0144			75% OF BILLED
E0144	RR		75% OF BILLED
E0147			75% OF BILLED
E0147	RR		75% OF BILLED
E0148			75% OF BILLED
E0148	RR		75% OF BILLED
E0149			75% OF BILLED
E0149	RR		75% OF BILLED
E0153			75% OF BILLED
E0153	RR		75% OF BILLED
E0154			75% OF BILLED
E0154	RR		75% OF BILLED
E0155			75% OF BILLED
E0155	RR		75% OF BILLED
E0156			75% OF BILLED
E0156	RR		75% OF BILLED
E0157			75% OF BILLED
E0157	RR		75% OF BILLED
E0158			75% OF BILLED
E0158	RR		75% OF BILLED
E0159			75% OF BILLED
E0160			75% OF BILLED
E0160	RR		75% OF BILLED
E0161			75% OF BILLED
E0161	RR		75% OF BILLED
E0162			75% OF BILLED
E0162	RR		75% OF BILLED
E0163		Y	75% OF BILLED
E0163	RR	Y	75% OF BILLED

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E0164		Y		75% OF BILLED
E0164	RR	Y		75% OF BILLED
E0166		Y		75% OF BILLED
E0166	RR	Y		75% OF BILLED
E0167		Y		75% OF BILLED
E0168		Y		75% OF BILLED
E0168	RR	Y		75% OF BILLED
E0169		Y		75% OF BILLED
E0169	RR	Y		75% OF BILLED
E0175		Y		75% OF BILLED
E0175	RR	Y		75% OF BILLED
E0176			Y	75% OF BILLED
E0177			Y	75% OF BILLED
E0177	RR		Y	75% OF BILLED
E0178			Y	75% OF BILLED
E0178	RR		Y	75% OF BILLED
E0179			Y	75% OF BILLED
E0179	RR		Y	75% OF BILLED
E0180			Y	75% OF BILLED
E0180	RR		Y	75% OF BILLED
E0181			Y	75% OF BILLED
E0181	RR		Y	75% OF BILLED
E0182			Y	75% OF BILLED
E0182	RR		Y	75% OF BILLED
E0184			Y	75% OF BILLED
E0184	RR		Y	75% OF BILLED
E0185			Y	75% OF BILLED
E0185	RR		Y	75% OF BILLED
E0186			Y	75% OF BILLED
E0186	RR		Y	75% OF BILLED
E0187			Y	75% OF BILLED
E0187	RR		Y	75% OF BILLED
E0188			Y	75% OF BILLED
E0189			Y	75% OF BILLED
E0191			Y	75% OF BILLED
E0192			Y	75% OF BILLED
E0193		Y	Y	75% OF BILLED
E0193	RR	Y	Y	75% OF BILLED
E0194	RR	Y	Y	75% OF BILLED
E0196			Y	75% OF BILLED
E0196	RR		Y	75% OF BILLED
E0197			Y	75% OF BILLED
E0197	RR		Y	75% OF BILLED
E0198			Y	75% OF BILLED
E0198	RR		Y	75% OF BILLED
E0199			Y	75% OF BILLED
E0199	RR		Y	75% OF BILLED
E0200				75% OF BILLED
E0200	RR			75% OF BILLED
E0202				75% OF BILLED
E0202	RR			75% OF BILLED
E0203				75% OF BILLED
E0203	RR			75% OF BILLED
E0205				75% OF BILLED

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E0205	RR			75% OF BILLED
E0210				75% OF BILLED
E0215				75% OF BILLED
E0217				75% OF BILLED
E0217	RR			75% OF BILLED
E0218				75% OF BILLED
E0218	RR			75% OF BILLED
E0220				75% OF BILLED
E0221				75% OF BILLED
E0221	RR			75% OF BILLED
E0225				75% OF BILLED
E0225	RR			75% OF BILLED
E0230				75% OF BILLED
E0231				75% OF BILLED
E0231	RR			75% OF BILLED
E0232				75% OF BILLED
E0235				75% OF BILLED
E0235	RR			75% OF BILLED
E0236				75% OF BILLED
E0236	RR			75% OF BILLED
E0238				75% OF BILLED
E0238	RR			75% OF BILLED
E0239				75% OF BILLED
E0239	RR			75% OF BILLED
E0240				75% OF BILLED
E0240	RR			75% OF BILLED
E0244				75% OF BILLED
E0245				75% OF BILLED
E0245	RR			75% OF BILLED
E0247				75% OF BILLED
E0247	RR			75% OF BILLED
E0248				75% OF BILLED
E0248	RR			75% OF BILLED
E0249				75% OF BILLED
E0249	RR			75% OF BILLED
E0250		Y	Y	75% OF BILLED
E0250	RR	Y	Y	75% OF BILLED
E0251		Y	Y	75% OF BILLED
E0251	RR	Y	Y	75% OF BILLED
E0255		Y	Y	75% OF BILLED
E0255	RR	Y	Y	75% OF BILLED
E0256		Y	Y	75% OF BILLED
E0256	RR	Y	Y	75% OF BILLED
E0260		Y	Y	75% OF BILLED
E0260	RR	Y	Y	75% OF BILLED
E0261		Y	Y	75% OF BILLED
E0261	RR	Y	Y	75% OF BILLED
E0265		Y	Y	75% OF BILLED
E0265	RR	Y	Y	75% OF BILLED
E0266		Y	Y	75% OF BILLED
E0266	RR	Y	Y	75% OF BILLED
E0271			Y	75% OF BILLED
E0272			Y	75% OF BILLED
E0273			Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

E0275			Y	75% OF BILLED
E0276			Y	75% OF BILLED
E0277		Y	Y	75% OF BILLED
E0277	RR	Y	Y	75% OF BILLED
E0280		Y	Y	75% OF BILLED
E0280	RR	Y	Y	75% OF BILLED
E0290		Y	Y	75% OF BILLED
E0290	RR	Y	Y	75% OF BILLED
E0291		Y	Y	75% OF BILLED
E0291	RR	Y	Y	75% OF BILLED
E0292		Y	Y	75% OF BILLED
E0292	RR	Y	Y	75% OF BILLED
E0293		Y	Y	75% OF BILLED
E0293	RR	Y	Y	75% OF BILLED
E0294		Y	Y	75% OF BILLED
E0294	RR	Y	Y	75% OF BILLED
E0295		Y	Y	75% OF BILLED
E0295	RR	Y	Y	75% OF BILLED
E0296		Y	Y	75% OF BILLED
E0296	RR	Y	Y	75% OF BILLED
E0297		Y	Y	75% OF BILLED
E0297	RR	Y	Y	75% OF BILLED
E0300		Y	Y	75% OF BILLED
E0300	RR	Y	Y	75% OF BILLED
E0301		Y	Y	75% OF BILLED
E0301	RR	Y	Y	75% OF BILLED
E0302		Y	Y	75% OF BILLED
E0302	RR	Y	Y	75% OF BILLED
E0303		Y	Y	75% OF BILLED
E0303	RR	Y	Y	75% OF BILLED
E0304		Y	Y	75% OF BILLED
E0304	RR	Y	Y	75% OF BILLED
E0305			Y	75% OF BILLED
E0305	RR		Y	75% OF BILLED
E0310			Y	75% OF BILLED
E0310	RR		Y	75% OF BILLED
E0315			Y	75% OF BILLED
E0315	RR		Y	75% OF BILLED
E0316		Y	Y	75% OF BILLED
E0316	RR	Y	Y	75% OF BILLED
E0325				\$10.11
E0326				\$8.93
E0350				75% OF BILLED
E0350	RR			75% OF BILLED
E0352				75% OF BILLED
E0370			Y	75% OF BILLED
E0371		Y	Y	75% OF BILLED
E0371	RR	Y	Y	75% OF BILLED
E0372		Y	Y	75% OF BILLED
E0372	RR	Y	Y	75% OF BILLED
E0373		Y	Y	75% OF BILLED
E0373	RR	Y	Y	75% OF BILLED
E0424*	RR		Y	\$228.80
E0431*	RR		Y	\$30.57

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E0434*	RR		Y	\$30.57
E0439*	RR		Y	\$228.80
E0441*			Y	\$162.98
E0442*			Y	\$162.98
E0443*			Y	\$21.41
E0444*			Y	\$21.41
E0445*		Y	Y	75% OF BILLED
E0445*	RR	Y	Y	75% OF BILLED
E0450*	RR	Y		\$833.79
E0454	RR	Y	Y	\$1,400.14
E0457*				\$614.51
E0457*	RR			\$61.45
E0459*				\$470.50
E0459*	RR			\$47.05
E0460*	RR			\$733.57
E0461	RR	Y	Y	\$1,002.05
E0462*		Y	Y	\$2,476.90
E0462*	RR	Y		\$247.69
E0470*		Y	Y	\$2,198.80
E0470*	RR	Y		\$219.88
E0471*	RR	Y		\$545.84
E0472*	RR	Y		\$545.84
E0480*				\$418.80
E0480*	RR			\$41.88
E0481				75% OF BILLED
E0481	RR			75% OF BILLED
E0482		Y	Y	\$3,877.50
E0482	RR	Y		\$387.75
E0483		Y	Y	\$10,631.30
E0483	RR	Y	Y	\$1,063.13
E0484				\$36.92
E0500*	RR			\$98.79
E0550*				\$501.30
E0550*	RR			\$50.13
E0555*				75% OF BILLED
E0555*	RR			75% OF BILLED
E0560*				\$145.79
E0560*	RR			\$17.09
E0561*				\$107.00
E0561*	RR			\$10.69
E0562*				\$301.22
E0562*	RR			\$30.11
E0565*				\$518.60
E0565*	RR			\$51.86
E0570*				\$197.30
E0570*	RR			\$19.73
E0571				\$271.80
E0571	RR			\$27.18
E0572				\$345.40
E0572	RR			\$34.54
E0574				\$365.10
E0574	RR			\$36.51
E0575*	RR			\$87.36
E0580*				\$134.04

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E0580*	RR			\$13.40
E0585*				\$350.70
E0585*	RR			\$35.07
E0600*				\$457.90
E0600*	RR			\$45.79
E0601*		Y		\$949.50
E0601*	RR	Y		\$94.95
E0603	RR			75% OF BILLED
E0605*				\$26.43
E0606*				\$203.90
E0607*				\$66.82
E0610				\$237.86
E0615				\$478.82
E0618		Y	Y	\$2,383.00
E0618	RR	Y		\$238.30
E0619		Y		\$2,383.00
E0619	RR	Y		\$238.30
E0620				\$874.39
E0621				75% OF BILLED
E0625				75% OF BILLED
E0625	RR			75% OF BILLED
E0627				75% OF BILLED
E0628				75% OF BILLED
E0628	RR			75% OF BILLED
E0629				75% OF BILLED
E0629	RR			75% OF BILLED
E0630				75% OF BILLED
E0630	RR			75% OF BILLED
E0635		Y		75% OF BILLED
E0635	RR			75% OF BILLED
E0636		Y		75% OF BILLED
E0636	RR	Y		75% OF BILLED
E0637		Y		75% OF BILLED
E0637	RR	Y		75% OF BILLED
E0638		Y		75% OF BILLED
E0638	RR	Y		75% OF BILLED
E0650				\$698.54
E0650	RR			\$87.35
E0651				\$918.42
E0651	RR			\$93.82
E0652		Y	Y	\$4,506.23
E0652	RR			\$445.36
E0655				\$106.88
E0655	RR			\$10.78
E0660				\$159.75
E0660	RR			\$16.63
E0665				\$136.99
E0665	RR			\$14.07
E0666				\$138.08
E0666	RR			\$14.23
E0667				\$275.20
E0667	RR			\$31.08
E0668				\$375.60
E0668	RR			\$37.07

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E0669				\$183.31
E0669	RR			\$18.34
E0671				\$415.35
E0671	RR			\$41.54
E0672				\$322.73
E0672	RR			\$32.28
E0673				\$268.17
E0673	RR			\$26.82
E0675		Y	Y	\$3,219.90
E0675	RR			\$321.99
E0691				\$917.46
E0691	RR			\$91.75
E0692		Y	Y	\$1,152.07
E0692	RR			\$115.20
E0693		Y	Y	\$1,420.19
E0693	RR			\$142.02
E0694		Y	Y	\$4,520.31
E0694	RR			\$452.03
E0700				75% OF BILLED
E0700	RR			75% OF BILLED
E0701				\$153.35
E0710				75% OF BILLED
E0710	RR			75% OF BILLED
E0720				\$342.40
E0720	RR			\$34.24
E0730				\$370.56
E0730	RR			\$37.06
E0731				\$356.69
E0731	RR			\$35.67
E0740				\$522.87
E0740	RR			\$52.29
E0744				\$778.30
E0744	RR			\$77.83
E0745				\$895.10
E0745	RR			\$89.51
E0747		Y	Y	\$3,601.28
E0747	RR			\$357.87
E0748		Y	Y	\$3,577.94
E0748	RR			\$357.79
E0760		Y	Y	\$2,973.20
E0760	RR			\$297.33
E0765		Y		\$84.13
E0765	RR	Y		\$8.43
E0776				\$143.16
E0776	RR			\$18.65
E0779				\$151.80
E0779	RR			\$15.18
E0780				\$103.70
E0780	RR			\$10.37
E0781		Y	Y	\$2,406.50
E0781	RR			\$240.65
E0784		Y	Y	\$4,174.90
E0784	RR			\$417.49
E0791		Y	Y	\$2,687.70

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E0791	RR	Y	\$268.77
E0830			75% OF BILLED
E0830	RR		75% OF BILLED
E0840			\$62.29
E0840	RR		\$13.87
E0850			\$89.30
E0850	RR		\$12.27
E0855			\$494.22
E0855	RR		\$49.44
E0860			\$38.53
E0860	RR		\$6.51
E0870			\$98.86
E0870	RR		\$13.40
E0880			\$125.54
E0880	RR		\$19.71
E0890			\$120.41
E0890	RR		\$27.91
E0900			\$128.12
E0900	RR		\$27.62
E0910			\$200.00
E0910	RR		\$20.00
E0920			\$392.20
E0920	RR		\$39.22
E0930			\$456.90
E0930	RR		\$45.69
E0935	RR		\$19.32
E0940			\$347.70
E0940	RR		\$34.77
E0941			\$369.00
E0941	RR		\$36.90
E0942			\$19.85
E0942	RR		\$2.34
E0943			\$27.67
E0943	RR		\$2.75
E0944			\$39.00
E0944	RR		\$3.91
E0945			\$44.32
E0945	RR		\$4.44
E0946			\$502.90
E0946	RR		\$50.29
E0947			\$606.46
E0947	RR		\$62.89
E0948			\$548.92
E0948	RR		\$54.89
E0950		Y	75% OF BILLED
E0951		Y	75% OF BILLED
E0952		Y	75% OF BILLED
E0953		Y	75% OF BILLED
E0954		Y	75% OF BILLED
E0955		Y	75% OF BILLED
E0955	RR	Y	75% OF BILLED
E0956		Y	75% OF BILLED
E0956	RR	Y	75% OF BILLED
E0957		Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E0957	RR	Y	75% OF BILLED
E0958		Y	75% OF BILLED
E0958	RR	Y	75% OF BILLED
E0959		Y	75% OF BILLED
E0960		Y	75% OF BILLED
E0961		Y	75% OF BILLED
E0962		Y	75% OF BILLED
E0963		Y	75% OF BILLED
E0964		Y	75% OF BILLED
E0965		Y	75% OF BILLED
E0966		Y	75% OF BILLED
E0967		Y	75% OF BILLED
E0968		Y	75% OF BILLED
E0969		Y	75% OF BILLED
E0970		Y	75% OF BILLED
E0971		Y	75% OF BILLED
E0972		Y	75% OF BILLED
E0973		Y	75% OF BILLED
E0974		Y	75% OF BILLED
E0977		Y	75% OF BILLED
E0978		Y	75% OF BILLED
E0980		Y	75% OF BILLED
E0981		Y	75% OF BILLED
E0982		Y	75% OF BILLED
E0983		Y	75% OF BILLED
E0984		Y	75% OF BILLED
E0985		Y	75% OF BILLED
E0986		Y	75% OF BILLED
E0990		Y	75% OF BILLED
E0992		Y	75% OF BILLED
E0994		Y	75% OF BILLED
E0995		Y	75% OF BILLED
E0996		Y	75% OF BILLED
E0997		Y	75% OF BILLED
E0998		Y	75% OF BILLED
E0999		Y	75% OF BILLED
E1000		Y	75% OF BILLED
E1001		Y	75% OF BILLED
E1002		Y	75% OF BILLED
E1003		Y	75% OF BILLED
E1004		Y	75% OF BILLED
E1005		Y	75% OF BILLED
E1006		Y	75% OF BILLED
E1007		Y	75% OF BILLED
E1008		Y	75% OF BILLED
E1009		Y	75% OF BILLED
E1010		Y	75% OF BILLED
E1011		Y	75% OF BILLED
E1012		Y	75% OF BILLED
E1013		Y	75% OF BILLED
E1014		Y	75% OF BILLED
E1015		Y	75% OF BILLED
E1016		Y	75% OF BILLED
E1017		Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E1018			Y	75% OF BILLED
E1019			Y	75% OF BILLED
E1020			Y	75% OF BILLED
E1021			Y	75% OF BILLED
E1025			Y	75% OF BILLED
E1026			Y	75% OF BILLED
E1027			Y	75% OF BILLED
E1028			Y	75% OF BILLED
E1029			Y	75% OF BILLED
E1030			Y	75% OF BILLED
E1031		Y	Y	75% OF BILLED
E1031	RR	Y	Y	75% OF BILLED
E1035		Y	Y	75% OF BILLED
E1035	RR	Y	Y	75% OF BILLED
E1037		Y	Y	75% OF BILLED
E1037	RR	Y	Y	75% OF BILLED
E1038		Y	Y	75% OF BILLED
E1038	RR	Y	Y	75% OF BILLED
E1050		Y	Y	75% OF BILLED
E1050	RR	Y	Y	75% OF BILLED
E1060		Y	Y	75% OF BILLED
E1060	RR	Y	Y	75% OF BILLED
E1065			Y	75% OF BILLED
E1070		Y	Y	75% OF BILLED
E1070	RR	Y	Y	75% OF BILLED
E1083		Y	Y	75% OF BILLED
E1083	RR	Y	Y	75% OF BILLED
E1084		Y	Y	75% OF BILLED
E1084	RR	Y	Y	75% OF BILLED
E1085		Y	Y	75% OF BILLED
E1085	RR	Y	Y	75% OF BILLED
E1086		Y	Y	75% OF BILLED
E1086	RR	Y	Y	75% OF BILLED
E1087		Y	Y	75% OF BILLED
E1087	RR	Y	Y	75% OF BILLED
E1088		Y	Y	75% OF BILLED
E1088	RR	Y	Y	75% OF BILLED
E1089		Y	Y	75% OF BILLED
E1089	RR	Y	Y	75% OF BILLED
E1090		Y	Y	75% OF BILLED
E1090	RR	Y	Y	75% OF BILLED
E1092		Y	Y	75% OF BILLED
E1092	RR	Y	Y	75% OF BILLED
E1093		Y	Y	75% OF BILLED
E1093	RR	Y	Y	75% OF BILLED
E1100		Y	Y	75% OF BILLED
E1100	RR	Y	Y	75% OF BILLED
E1110		Y	Y	75% OF BILLED
E1110	RR	Y	Y	75% OF BILLED
E1130		Y	Y	75% OF BILLED
E1130	RR	Y	Y	75% OF BILLED
E1140		Y	Y	75% OF BILLED
E1140	RR	Y	Y	75% OF BILLED
E1150		Y	Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E1150	RR	Y	Y	75% OF BILLED
E1160		Y	Y	75% OF BILLED
E1160	RR	Y	Y	75% OF BILLED
E1161		Y	Y	75% OF BILLED
E1161	RR	Y	Y	75% OF BILLED
E1170		Y	Y	75% OF BILLED
E1170	RR	Y	Y	75% OF BILLED
E1171		Y	Y	75% OF BILLED
E1171	RR	Y	Y	75% OF BILLED
E1172		Y	Y	75% OF BILLED
E1172	RR	Y	Y	75% OF BILLED
E1180		Y	Y	75% OF BILLED
E1180	RR	Y	Y	75% OF BILLED
E1190		Y	Y	75% OF BILLED
E1190	RR	Y	Y	75% OF BILLED
E1195		Y	Y	75% OF BILLED
E1195	RR	Y	Y	75% OF BILLED
E1200		Y	Y	75% OF BILLED
E1200	RR	Y	Y	75% OF BILLED
E1210		Y	Y	75% OF BILLED
E1210	RR	Y	Y	75% OF BILLED
E1211		Y	Y	75% OF BILLED
E1211	RR	Y	Y	75% OF BILLED
E1212		Y	Y	75% OF BILLED
E1212	RR	Y	Y	75% OF BILLED
E1213		Y	Y	75% OF BILLED
E1213	RR	Y	Y	75% OF BILLED
E1220		Y	Y	75% OF BILLED
E1220	RR	Y	Y	75% OF BILLED
E1221		Y	Y	75% OF BILLED
E1221	RR	Y	Y	75% OF BILLED
E1222		Y	Y	75% OF BILLED
E1222	RR	Y	Y	75% OF BILLED
E1223		Y	Y	75% OF BILLED
E1223	RR	Y	Y	75% OF BILLED
E1224		Y	Y	75% OF BILLED
E1224	RR	Y	Y	75% OF BILLED
E1225			Y	75% OF BILLED
E1225	RR		Y	75% OF BILLED
E1226			Y	75% OF BILLED
E1227			Y	75% OF BILLED
E1228			Y	75% OF BILLED
E1230		Y	Y	75% OF BILLED
E1230	RR	Y	Y	75% OF BILLED
E1231		Y	Y	75% OF BILLED
E1231	RR	Y	Y	75% OF BILLED
E1232		Y	Y	75% OF BILLED
E1232	RR	Y	Y	75% OF BILLED
E1233		Y	Y	75% OF BILLED
E1233	RR	Y	Y	75% OF BILLED
E1234		Y	Y	75% OF BILLED
E1234	RR	Y	Y	75% OF BILLED
E1235		Y	Y	75% OF BILLED
E1235	RR	Y	Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E1236		Y	Y	75% OF BILLED
E1236	RR	Y	Y	75% OF BILLED
E1237		Y	Y	75% OF BILLED
E1237	RR	Y	Y	75% OF BILLED
E1238		Y	Y	75% OF BILLED
E1238	RR	Y	Y	75% OF BILLED
E1240		Y	Y	75% OF BILLED
E1240	RR	Y	Y	75% OF BILLED
E1250		Y	Y	75% OF BILLED
E1250	RR	Y	Y	75% OF BILLED
E1260		Y	Y	75% OF BILLED
E1260	RR	Y	Y	75% OF BILLED
E1270		Y	Y	75% OF BILLED
E1270	RR	Y	Y	75% OF BILLED
E1280		Y	Y	75% OF BILLED
E1280	RR	Y	Y	75% OF BILLED
E1285		Y	Y	75% OF BILLED
E1285	RR	Y	Y	75% OF BILLED
E1290		Y	Y	75% OF BILLED
E1290	RR	Y	Y	75% OF BILLED
E1295		Y	Y	75% OF BILLED
E1295	RR	Y	Y	75% OF BILLED
E1296		Y	Y	75% OF BILLED
E1297		Y	Y	75% OF BILLED
E1298		Y	Y	75% OF BILLED
E1300		Y		75% OF BILLED
E1300	RR	Y		75% OF BILLED
E1340				75% OF BILLED
E1372*				\$163.03
E1372*	RR			\$23.69
E1390*	RR		Y	\$228.80
E1399				75% OF BILLED
E1405*	RR		Y	\$263.87
E1406*	RR		Y	\$248.53
E1639				75% OF BILLED
E1800		Y	Y	\$1,225.00
E1800	RR			\$122.50
E1801		Y	Y	\$1,163.40
E1801	RR			\$116.34
E1802		Y	Y	\$3,268.00
E1802	RR			\$326.80
E1805		Y	Y	\$1,226.80
E1805	RR			\$122.68
E1806				\$954.90
E1806	RR			\$95.49
E1810		Y	Y	\$1,226.80
E1810	RR			\$122.68
E1811		Y	Y	\$1,209.50
E1811	RR			\$120.95
E1815		Y	Y	\$1,226.80
E1815	RR			\$122.68
E1816		Y	Y	\$1,228.50
E1816	RR			\$122.85
E1818		Y	Y	\$1,254.20

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

E1818	RR			\$125.42
E1820				\$77.11
E1821				\$105.25
E1825		Y	Y	\$1,226.80
E1825	RR			\$122.68
E1830		Y	Y	\$1,226.80
E1830	RR			\$122.68
E1840		Y	Y	\$3,559.00
E1840	RR			\$355.90
E1902		Y		75% OF BILLED
E1902	RR	Y		75% OF BILLED
E2000				\$467.30
E2000	RR			\$46.73
E2100				\$629.24
E2101				\$188.56
E2201			Y	75% OF BILLED
E2202			Y	75% OF BILLED
E2203			Y	75% OF BILLED
E2204			Y	75% OF BILLED
E2300			Y	75% OF BILLED
E2301			Y	75% OF BILLED
E2310			Y	75% OF BILLED
E2311			Y	75% OF BILLED
E2320			Y	75% OF BILLED
E2321			Y	75% OF BILLED
E2322			Y	75% OF BILLED
E2323			Y	75% OF BILLED
E2324			Y	75% OF BILLED
E2325			Y	75% OF BILLED
E2326			Y	75% OF BILLED
E2327			Y	75% OF BILLED
E2328			Y	75% OF BILLED
E2329			Y	75% OF BILLED
E2330			Y	75% OF BILLED
E2331			Y	75% OF BILLED
E2340			Y	75% OF BILLED
E2341			Y	75% OF BILLED
E2342			Y	75% OF BILLED
E2343			Y	75% OF BILLED
E2351			Y	75% OF BILLED
E2360			Y	75% OF BILLED
E2361			Y	75% OF BILLED
E2362			Y	75% OF BILLED
E2363			Y	75% OF BILLED
E2364			Y	75% OF BILLED
E2365			Y	75% OF BILLED
E2366			Y	75% OF BILLED
E2367			Y	75% OF BILLED
E2399			Y	75% OF BILLED
E2402		Y	Y	\$17,164.60
E2402	RR	Y	Y	\$1,716.46
E2500		Y	Y	\$391.06
E2500	RR	Y	Y	\$39.11
E2502		Y	Y	\$1,195.80

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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E2502	RR	Y	Y	\$119.59
E2504		Y	Y	\$1,577.42
E2504	RR	Y	Y	\$157.76
E2506		Y	Y	\$2,312.96
E2506	RR	Y	Y	\$231.29
E2508		Y	Y	\$3,576.61
E2508	RR	Y	Y	\$357.67
E2510		Y	Y	\$6,768.25
E2510	RR	Y	Y	\$676.82
E2511		Y	Y	75% OF BILLED
E2512		Y	Y	75% OF BILLED
E2599		Y	Y	75% OF BILLED
K0001		Y	Y	75% OF BILLED
K0001	RR	Y	Y	75% OF BILLED
K0002		Y	Y	75% OF BILLED
K0002	RR	Y	Y	75% OF BILLED
K0003		Y	Y	75% OF BILLED
K0003	RR	Y	Y	75% OF BILLED
K0004		Y	Y	75% OF BILLED
K0004	RR	Y	Y	75% OF BILLED
K0005		Y	Y	75% OF BILLED
K0005	RR	Y	Y	75% OF BILLED
K0006		Y	Y	75% OF BILLED
K0006	RR	Y	Y	75% OF BILLED
K0007		Y	Y	75% OF BILLED
K0007	RR	Y	Y	75% OF BILLED
K0009		Y	Y	75% OF BILLED
K0009	RR	Y	Y	75% OF BILLED
K0010		Y	Y	75% OF BILLED
K0010	RR	Y	Y	75% OF BILLED
K0011		Y	Y	75% OF BILLED
K0011	RR	Y	Y	75% OF BILLED
K0012		Y	Y	75% OF BILLED
K0012	RR	Y	Y	75% OF BILLED
K0014		Y	Y	75% OF BILLED
K0014	RR	Y	Y	75% OF BILLED
K0015			Y	75% OF BILLED
K0017			Y	75% OF BILLED
K0018			Y	75% OF BILLED
K0019			Y	75% OF BILLED
K0020			Y	75% OF BILLED
K0023			Y	75% OF BILLED
K0024			Y	75% OF BILLED
K0037			Y	75% OF BILLED
K0038			Y	75% OF BILLED
K0039			Y	75% OF BILLED
K0040			Y	75% OF BILLED
K0041			Y	75% OF BILLED
K0042			Y	75% OF BILLED
K0043			Y	75% OF BILLED
K0044			Y	75% OF BILLED
K0045			Y	75% OF BILLED
K0046			Y	75% OF BILLED
K0047			Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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K0050		Y	75% OF BILLED
K0051		Y	75% OF BILLED
K0052		Y	75% OF BILLED
K0053		Y	75% OF BILLED
K0056		Y	75% OF BILLED
K0059		Y	75% OF BILLED
K0060		Y	75% OF BILLED
K0061		Y	75% OF BILLED
K0064		Y	75% OF BILLED
K0065		Y	75% OF BILLED
K0066		Y	75% OF BILLED
K0067		Y	75% OF BILLED
K0068		Y	75% OF BILLED
K0069		Y	75% OF BILLED
K0070		Y	75% OF BILLED
K0071		Y	75% OF BILLED
K0072		Y	75% OF BILLED
K0073		Y	75% OF BILLED
K0074		Y	75% OF BILLED
K0075		Y	75% OF BILLED
K0076		Y	75% OF BILLED
K0077		Y	75% OF BILLED
K0078		Y	75% OF BILLED
K0081		Y	75% OF BILLED
K0090		Y	75% OF BILLED
K0091		Y	75% OF BILLED
K0092		Y	75% OF BILLED
K0093		Y	75% OF BILLED
K0094		Y	75% OF BILLED
K0095		Y	75% OF BILLED
K0096		Y	75% OF BILLED
K0097		Y	75% OF BILLED
K0098		Y	75% OF BILLED
K0099		Y	75% OF BILLED
K0102		Y	75% OF BILLED
K0104		Y	75% OF BILLED
K0105		Y	75% OF BILLED
K0106		Y	75% OF BILLED
K0108		Y	75% OF BILLED
K0114		Y	75% OF BILLED
K0115		Y	75% OF BILLED
K0116		Y	75% OF BILLED
K0195		Y	75% OF BILLED
K0452		Y	75% OF BILLED
K0455*	RR	Y	\$240.65
K0462			75% OF BILLED
K0462	RR		75% OF BILLED
K0552*			\$2.61
K0620			\$1.14
L0100		Y	\$476.67
L0110		Y	\$108.14
L0112	Y	Y	\$1,139.12
L0120		Y	\$19.97
L0130		Y	\$122.81

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L0140		Y	\$54.41
L0150		Y	\$81.35
L0160		Y	\$117.90
L0170		Y	\$485.46
L0172		Y	\$99.28
L0174		Y	\$241.87
L0180		Y	\$278.92
L0190		Y	\$387.19
L0200		Y	\$420.47
L0210		Y	\$33.33
L0220		Y	\$92.19
L0450		Y	\$130.83
L0452		Y	75% OF BILLED
L0454		Y	\$282.27
L0456		Y	\$809.47
L0458		Y	\$725.85
L0460		Y	\$817.01
L0462	Y	Y	\$1,016.20
L0464	Y	Y	\$1,209.77
L0466		Y	\$293.85
L0468		Y	\$345.05
L0470		Y	\$479.92
L0472		Y	\$304.37
L0476		Y	\$720.54
L0478	Y	Y	\$1,253.86
L0480	Y	Y	\$1,331.96
L0482	Y	Y	\$1,489.36
L0484	Y	Y	\$1,607.44
L0486	Y	Y	\$1,628.69
L0488	Y	Y	\$817.01
L0490		Y	\$230.20
L0500		Y	\$102.08
L0510		Y	\$207.48
L0515		Y	\$247.97
L0520		Y	\$313.54
L0530		Y	\$400.15
L0540		Y	\$401.27
L0550	Y	Y	\$1,166.71
L0560	Y	Y	\$1,306.09
L0561		Y	\$280.96
L0565		Y	\$844.13
L0600		Y	\$85.88
L0610		Y	\$194.47
L0620		Y	\$318.71
L0700	Y	Y	\$1,539.55
L0710	Y	Y	\$1,796.53
L0810	Y	Y	\$2,028.51
L0820	Y	Y	\$1,754.93
L0830	Y	Y	\$2,360.48
L0860	Y	Y	\$1,222.71
L0861		Y	\$175.43
L0960		Y	\$52.00
L0970		Y	\$114.71
L0972		Y	\$83.33

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L0974		Y	\$134.77
L0976		Y	\$152.71
L0978		Y	\$144.90
L0980		Y	\$13.14
L0982		Y	\$12.25
L0984		Y	\$50.16
L0999		Y	75% OF BILLED
L1000	Y	Y	\$1,780.89
L1005	Y	Y	\$2,604.96
L1010		Y	\$50.52
L1020		Y	\$65.06
L1025		Y	\$93.87
L1030		Y	\$47.89
L1040		Y	\$58.73
L1050		Y	\$62.67
L1060		Y	\$71.99
L1070		Y	\$67.73
L1080		Y	\$53.54
L1085		Y	\$115.87
L1090		Y	\$74.51
L1100		Y	\$119.71
L1110		Y	\$192.25
L1120		Y	\$32.33
L1200	Y	Y	\$1,414.39
L1210		Y	\$262.62
L1220		Y	\$173.88
L1230		Y	\$568.77
L1240		Y	\$58.45
L1250		Y	\$54.38
L1260		Y	\$56.95
L1270		Y	\$58.32
L1280		Y	\$64.94
L1290		Y	\$59.17
L1300	Y	Y	\$1,562.65
L1310	Y	Y	\$1,654.74
L1499		Y	75% OF BILLED
L1500	Y	Y	\$1,566.65
L1510		Y	75% OF BILLED
L1520		Y	75% OF BILLED
L1600		Y	\$99.21
L1610		Y	\$33.05
L1620		Y	\$100.86
L1630		Y	\$127.56
L1640		Y	\$426.17
L1650		Y	\$196.38
L1652		Y	\$290.13
L1660		Y	\$128.82
L1680		Y	\$917.18
L1685		Y	\$895.39
L1686		Y	\$773.92
L1690	Y	Y	\$1,573.83
L1700	Y	Y	\$1,149.54
L1710	Y	Y	\$1,345.66
L1720		Y	\$991.92

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L1730		Y	\$853.39
L1750		Y	\$148.10
L1755	Y	Y	\$1,191.80
L1800		Y	\$50.07
L1810		Y	\$76.00
L1815		Y	\$72.92
L1820		Y	\$106.74
L1825		Y	\$41.39
L1830		Y	\$69.54
L1831		Y	\$239.54
L1832		Y	\$457.65
L1834		Y	\$617.25
L1836		Y	\$108.61
L1840		Y	\$692.14
L1843		Y	\$730.28
L1844	Y	Y	\$1,351.18
L1845		Y	\$635.45
L1846		Y	\$799.20
L1847		Y	\$468.12
L1850		Y	\$246.75
L1855		Y	\$827.19
L1858		Y	\$996.41
L1860		Y	\$807.75
L1870		Y	\$787.77
L1880		Y	\$538.49
L1900		Y	\$221.45
L1901		Y	\$14.38
L1902		Y	\$60.09
L1904		Y	\$353.98
L1906		Y	\$120.70
L1907		Y	\$457.95
L1910		Y	\$203.52
L1920		Y	\$330.98
L1930		Y	\$194.36
L1940		Y	\$372.27
L1945		Y	\$716.99
L1950		Y	\$606.62
L1951		Y	\$683.52
L1960		Y	\$417.24
L1970		Y	\$562.72
L1971		Y	\$381.49
L1980		Y	\$297.89
L1990		Y	\$335.54
L2000		Y	\$791.06
L2010		Y	\$814.36
L2020		Y	\$878.96
L2030		Y	\$762.57
L2035		Y	\$140.99
L2036	Y	Y	\$1,533.06
L2037	Y	Y	\$1,253.79
L2038	Y	Y	\$1,076.24
L2039	Y	Y	\$1,808.75
L2040		Y	\$173.67
L2050		Y	\$396.76

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L2060		Y	\$445.52
L2070		Y	\$101.23
L2080		Y	\$270.75
L2090		Y	\$366.95
L2106		Y	\$511.81
L2108		Y	\$915.89
L2112		Y	\$351.20
L2114		Y	\$440.51
L2116		Y	\$535.89
L2126	Y	Y	\$1,012.22
L2128	Y	Y	\$1,290.77
L2132		Y	\$785.16
L2134		Y	\$728.05
L2136	Y	Y	\$1,000.59
L2180		Y	\$114.79
L2182		Y	\$73.46
L2184		Y	\$102.16
L2186		Y	\$135.70
L2188		Y	\$225.44
L2190		Y	\$68.07
L2192		Y	\$268.40
L2200		Y	\$47.72
L2210		Y	\$67.47
L2220		Y	\$79.87
L2230		Y	\$63.01
L2240		Y	\$62.95
L2250		Y	\$316.65
L2260		Y	\$172.56
L2265		Y	\$88.65
L2270		Y	\$44.39
L2275		Y	\$112.14
L2280		Y	\$340.86
L2300		Y	\$202.67
L2310		Y	\$100.50
L2320		Y	\$197.65
L2330		Y	\$325.79
L2335		Y	\$179.44
L2340		Y	\$336.43
L2350		Y	\$783.42
L2360		Y	\$43.28
L2370		Y	\$193.24
L2375		Y	\$85.05
L2380		Y	\$123.56
L2385		Y	\$134.43
L2390		Y	\$109.86
L2395		Y	\$139.94
L2397		Y	\$96.95
L2405		Y	\$70.95
L2415		Y	\$98.89
L2425		Y	\$116.67
L2430		Y	\$116.67
L2435		Y	\$124.58
L2492		Y	\$96.12
L2500		Y	\$237.47

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L2510		Y	\$546.79
L2520		Y	\$371.14
L2525	Y	Y	\$1,031.72
L2526		Y	\$667.85
L2530		Y	\$235.82
L2540		Y	\$361.23
L2550		Y	\$288.26
L2570		Y	\$358.55
L2580		Y	\$456.95
L2600		Y	\$167.87
L2610		Y	\$191.37
L2620		Y	\$201.27
L2622		Y	\$230.84
L2624		Y	\$249.27
L2627	Y	Y	\$1,720.59
L2628	Y	Y	\$1,681.54
L2630		Y	\$248.53
L2640		Y	\$252.97
L2650		Y	\$90.34
L2660		Y	\$187.06
L2670		Y	\$171.21
L2680		Y	\$157.06
L2750		Y	\$62.92
L2755		Y	\$106.33
L2760		Y	\$60.98
L2768		Y	\$106.04
L2770		Y	\$61.97
L2780		Y	\$50.94
L2785		Y	\$23.86
L2795		Y	\$63.96
L2800		Y	\$88.06
L2810		Y	\$58.79
L2820		Y	\$87.16
L2830		Y	\$94.30
L2840		Y	\$32.89
L2850		Y	\$59.85
L2999		Y	75% OF BILLED
L3000		Y	75% OF BILLED
L3001		Y	75% OF BILLED
L3002		Y	75% OF BILLED
L3003		Y	75% OF BILLED
L3010		Y	75% OF BILLED
L3020		Y	75% OF BILLED
L3030		Y	75% OF BILLED
L3031		Y	75% OF BILLED
L3040		Y	75% OF BILLED
L3050		Y	75% OF BILLED
L3060		Y	75% OF BILLED
L3070		Y	75% OF BILLED
L3080		Y	75% OF BILLED
L3090		Y	75% OF BILLED
L3100		Y	75% OF BILLED
L3140		Y	75% OF BILLED
L3150		Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L3160	Y	75% OF BILLED
L3170	Y	75% OF BILLED
L3201	Y	75% OF BILLED
L3202	Y	75% OF BILLED
L3203	Y	75% OF BILLED
L3204	Y	75% OF BILLED
L3206	Y	75% OF BILLED
L3207	Y	75% OF BILLED
L3208	Y	75% OF BILLED
L3209	Y	75% OF BILLED
L3211	Y	75% OF BILLED
L3212	Y	75% OF BILLED
L3213	Y	75% OF BILLED
L3214	Y	75% OF BILLED
L3215	Y	75% OF BILLED
L3216	Y	75% OF BILLED
L3217	Y	75% OF BILLED
L3219	Y	75% OF BILLED
L3221	Y	75% OF BILLED
L3222	Y	75% OF BILLED
L3224	Y	\$46.03
L3225	Y	\$61.42
L3230	Y	75% OF BILLED
L3250	Y	75% OF BILLED
L3251	Y	75% OF BILLED
L3252	Y	75% OF BILLED
L3253	Y	75% OF BILLED
L3254	Y	75% OF BILLED
L3255	Y	75% OF BILLED
L3257	Y	75% OF BILLED
L3260	Y	75% OF BILLED
L3265	Y	75% OF BILLED
L3300	Y	75% OF BILLED
L3310	Y	75% OF BILLED
L3320	Y	75% OF BILLED
L3330	Y	75% OF BILLED
L3332	Y	75% OF BILLED
L3334	Y	75% OF BILLED
L3340	Y	75% OF BILLED
L3350	Y	75% OF BILLED
L3360	Y	75% OF BILLED
L3370	Y	75% OF BILLED
L3380	Y	75% OF BILLED
L3390	Y	75% OF BILLED
L3400	Y	75% OF BILLED
L3410	Y	75% OF BILLED
L3420	Y	75% OF BILLED
L3430	Y	75% OF BILLED
L3440	Y	75% OF BILLED
L3450	Y	75% OF BILLED
L3455	Y	75% OF BILLED
L3460	Y	75% OF BILLED
L3465	Y	75% OF BILLED
L3470	Y	75% OF BILLED

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L3480		Y	75% OF BILLED
L3485		Y	75% OF BILLED
L3500		Y	75% OF BILLED
L3510		Y	75% OF BILLED
L3520		Y	75% OF BILLED
L3530		Y	75% OF BILLED
L3540		Y	75% OF BILLED
L3550		Y	75% OF BILLED
L3560		Y	75% OF BILLED
L3570		Y	75% OF BILLED
L3580		Y	75% OF BILLED
L3590		Y	75% OF BILLED
L3595		Y	75% OF BILLED
L3600		Y	75% OF BILLED
L3610		Y	75% OF BILLED
L3620		Y	75% OF BILLED
L3630		Y	75% OF BILLED
L3640		Y	75% OF BILLED
L3649		Y	75% OF BILLED
L3650		Y	\$43.68
L3651		Y	\$48.78
L3652		Y	\$146.99
L3660		Y	\$98.81
L3670		Y	\$83.30
L3675		Y	\$129.98
L3677		Y	75% OF BILLED
L3700		Y	\$51.42
L3701		Y	\$15.09
L3710		Y	\$91.06
L3720		Y	\$481.80
L3730		Y	\$664.02
L3740		Y	\$787.25
L3760		Y	\$370.42
L3762		Y	\$79.64
L3800		Y	\$196.39
L3805		Y	\$278.39
L3807		Y	\$185.19
L3810		Y	\$63.65
L3815		Y	\$59.09
L3820		Y	\$101.49
L3825		Y	\$63.65
L3830		Y	\$76.33
L3835		Y	\$75.73
L3840		Y	\$57.12
L3845		Y	\$79.03
L3850		Y	\$98.47
L3855		Y	\$108.45
L3860		Y	\$139.17
L3890		Y	75% OF BILLED
L3900		Y	\$953.14
L3901	Y	Y	\$1,516.68
L3902		Y	75% OF BILLED
L3904	Y	Y	\$2,876.16
L3906		Y	\$301.25

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L3907		Y	\$374.18
L3908		Y	\$44.14
L3909		Y	\$10.48
L3910		Y	\$326.31
L3911		Y	75% OF BILLED
L3912		Y	\$69.86
L3914		Y	\$63.14
L3916		Y	\$93.55
L3917		Y	\$78.23
L3918		Y	\$57.73
L3920		Y	\$72.14
L3922		Y	\$72.03
L3923		Y	\$28.82
L3924		Y	\$78.54
L3926		Y	\$68.38
L3928		Y	\$42.87
L3930		Y	\$45.32
L3932		Y	\$34.62
L3934		Y	\$35.49
L3936		Y	\$65.61
L3938		Y	\$68.71
L3940		Y	\$79.19
L3942		Y	\$58.72
L3944		Y	\$72.34
L3946		Y	\$65.28
L3948		Y	\$40.59
L3950		Y	\$110.46
L3952		Y	\$122.60
L3954		Y	\$81.35
L3956		Y	75% OF BILLED
L3960		Y	\$541.35
L3962		Y	\$528.51
L3963	Y	Y	\$1,228.90
L3964		Y	\$607.22
L3965		Y	\$991.11
L3966		Y	\$676.28
L3968		Y	\$845.74
L3969		Y	\$660.74
L3970		Y	\$224.66
L3972		Y	\$142.86
L3974		Y	\$121.17
L3980		Y	\$227.72
L3982		Y	\$281.56
L3984		Y	\$291.33
L3985		Y	\$430.53
L3986		Y	\$412.88
L3995		Y	\$24.09
L3999		Y	75% OF BILLED
L4000	Y	Y	\$1,088.52
L4010		Y	\$547.63
L4020		Y	\$648.37
L4030		Y	\$380.05
L4040		Y	\$320.76
L4045		Y	\$297.21

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L4050		Y	\$310.77
L4055		Y	\$201.23
L4060		Y	\$318.97
L4070		Y	\$211.85
L4080		Y	\$76.14
L4090		Y	\$67.98
L4100		Y	\$78.51
L4110		Y	\$64.68
L4130		Y	\$429.20
L4205		Y	75% OF BILLED
L4210		Y	75% OF BILLED
L4350		Y	\$67.29
L4360		Y	\$224.92
L4370		Y	\$155.89
L4380		Y	\$80.85
L4386		Y	\$129.03
L4392		Y	\$18.80
L4394		Y	\$13.73
L4396		Y	\$134.12
L4398		Y	\$61.75
L5000*		Y	\$405.20
L5010*	Y	Y	\$1,071.10
L5020*	Y	Y	\$1,879.29
L5050*	Y	Y	\$1,996.60
L5060*	Y	Y	\$2,706.20
L5100*	Y	Y	\$1,863.90
L5105*	Y	Y	\$3,056.24
L5150*	Y	Y	\$3,119.35
L5160*	Y	Y	\$3,435.23
L5200*	Y	Y	\$2,649.28
L5210*	Y	Y	\$2,097.58
L5220*	Y	Y	\$2,416.93
L5230*	Y	Y	\$4,067.77
L5250*	Y	Y	\$5,226.73
L5270*	Y	Y	\$4,767.76
L5280*	Y	Y	\$5,415.77
L5301*	Y	Y	\$1,856.52
L5311*	Y	Y	\$2,924.83
L5321*	Y	Y	\$2,635.83
L5331*	Y	Y	\$4,492.88
L5341*	Y	Y	\$4,864.85
L5400*		Y	\$984.22
L5410*		Y	\$335.08
L5420*	Y	Y	\$1,370.96
L5430*		Y	\$403.56
L5450*		Y	\$392.92
L5460*		Y	\$460.20
L5500*	Y	Y	\$1,356.84
L5505*	Y	Y	\$1,579.40
L5510*	Y	Y	\$1,351.90
L5520*	Y	Y	\$1,153.27
L5530*	Y	Y	\$1,517.73
L5535*	Y	Y	\$1,359.98
L5540*	Y	Y	\$1,629.06

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L5560*	Y	Y	\$1,904.51
L5570*	Y	Y	\$2,061.03
L5580*	Y	Y	\$2,315.01
L5585*	Y	Y	\$2,321.09
L5590*	Y	Y	\$2,462.14
L5595*	Y	Y	\$3,229.13
L5600*	Y	Y	\$2,565.92
L5610*	Y	Y	\$2,150.23
L5611*	Y	Y	\$1,722.82
L5613*	Y	Y	\$2,463.90
L5614*	Y	Y	\$1,376.08
L5616*	Y	Y	\$1,430.19
L5617*		Y	\$454.84
L5618*		Y	\$225.54
L5620*		Y	\$222.96
L5622*		Y	\$290.73
L5624*		Y	\$292.46
L5626*		Y	\$382.37
L5628*		Y	\$387.21
L5629*		Y	\$254.87
L5630*		Y	\$393.05
L5631*		Y	\$352.37
L5632*		Y	\$218.92
L5634*		Y	\$325.26
L5636*		Y	\$272.46
L5637*		Y	\$231.68
L5638*		Y	\$520.39
L5639	Y	Y	\$1,198.87
L5640*		Y	\$683.74
L5642*		Y	\$662.50
L5643*	Y	Y	\$1,664.29
L5644*		Y	\$631.57
L5645*		Y	\$853.18
L5646*		Y	\$569.14
L5647*		Y	\$778.90
L5648*		Y	\$703.99
L5649*	Y	Y	\$1,700.16
L5650*		Y	\$522.01
L5651*	Y	Y	\$1,284.13
L5652*		Y	\$466.19
L5653*		Y	\$622.32
L5654*		Y	\$267.39
L5655*		Y	\$212.72
L5656*		Y	\$306.99
L5658*		Y	\$334.24
L5661*		Y	\$488.03
L5665*		Y	\$410.63
L5666*		Y	\$56.14
L5668*		Y	\$80.98
L5670*		Y	\$290.15
L5671*		Y	\$531.87
L5672*		Y	\$318.85
L5673*		Y	\$607.63
L5674*		Y	\$54.50

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L5675*		Y	\$69.93
L5676*		Y	\$259.41
L5677*		Y	\$395.42
L5678*		Y	\$41.45
L5679*		Y	\$506.34
L5680*		Y	\$298.01
L5681*	Y	Y	\$1,074.81
L5682*		Y	\$501.55
L5683*	Y	Y	\$1,074.81
L5684*		Y	\$39.35
L5686*		Y	\$48.40
L5688*		Y	\$48.99
L5690*		Y	\$78.47
L5692*		Y	\$110.27
L5694*		Y	\$162.20
L5695*		Y	\$159.00
L5696*		Y	\$148.38
L5697*		Y	\$70.14
L5698*		Y	\$83.65
L5699*		Y	\$149.53
L5700*	Y	Y	\$2,275.69
L5701*	Y	Y	\$3,037.37
L5702*	Y	Y	\$4,186.39
L5704*		Y	\$474.89
L5705*		Y	\$806.34
L5706*		Y	\$795.61
L5707*	Y	Y	\$1,097.71
L5710*		Y	\$340.35
L5711*		Y	\$418.76
L5712*		Y	\$345.57
L5714*		Y	\$407.04
L5716*		Y	\$779.34
L5718*		Y	\$974.09
L5722*		Y	\$805.52
L5724*	Y	Y	\$1,265.21
L5726*	Y	Y	\$1,395.08
L5728*	Y	Y	\$2,297.07
L5780*		Y	\$921.72
L5781*	Y	Y	\$3,262.85
L5782*		Y	75% OF BILLED
L5785*		Y	\$416.66
L5790*		Y	\$576.63
L5795*		Y	\$861.07
L5810*		Y	\$433.49
L5811*		Y	\$757.59
L5812*		Y	\$557.68
L5814*	Y	Y	\$3,028.56
L5816*		Y	\$909.37
L5818*	Y	Y	\$1,026.87
L5822*	Y	Y	\$1,510.47
L5824*	Y	Y	\$1,639.82
L5826*	Y	Y	\$2,546.65
L5828*	Y	Y	\$2,546.67
L5830*	Y	Y	\$1,521.76

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L5840*	Y	Y	\$3,129.72
L5845*	Y	Y	\$1,461.62
L5846*	Y	Y	\$4,406.63
L5847*	Y	Y	\$12,629.75
L5848		Y	\$876.88
L5850*		Y	\$136.79
L5855*		Y	\$328.34
L5910*		Y	\$387.27
L5920*		Y	\$563.46
L5925*		Y	\$359.29
L5930*	Y	Y	\$2,736.23
L5940*		Y	\$536.37
L5950*		Y	\$648.28
L5960*		Y	\$773.13
L5962*		Y	\$600.53
L5964*		Y	\$848.66
L5966*	Y	Y	\$1,079.19
L5968*	Y	Y	\$2,963.35
L5970*		Y	\$182.09
L5972*		Y	\$353.08
L5974*		Y	\$189.49
L5975*		Y	\$378.06
L5976*		Y	\$484.92
L5978*		Y	\$234.04
L5979*	Y	Y	\$2,215.06
L5980*	Y	Y	\$3,964.62
L5981*	Y	Y	\$2,590.78
L5982*		Y	\$618.17
L5984*		Y	\$483.74
L5985*		Y	\$229.55
L5986*		Y	\$677.59
L5987*	Y	Y	\$5,866.29
L5988*	Y	Y	\$1,629.03
L5989*	Y	Y	\$2,525.94
L5990*	Y	Y	\$1,479.43
L5995*		Y	75% OF BILLED
L5999*		Y	75% OF BILLED
L6000*	Y	Y	\$1,065.57
L6010*	Y	Y	\$1,262.47
L6020*	Y	Y	\$1,123.90
L6025*	Y	Y	\$6,525.70
L6050*	Y	Y	\$1,639.44
L6055*	Y	Y	\$2,269.76
L6100*	Y	Y	\$1,622.72
L6110*	Y	Y	\$1,674.72
L6120*	Y	Y	\$2,102.67
L6130*	Y	Y	\$2,268.54
L6200*	Y	Y	\$2,445.40
L6205*	Y	Y	\$2,995.04
L6250*	Y	Y	\$2,177.27
L6300*	Y	Y	\$3,192.55
L6310*	Y	Y	\$2,433.65
L6320*	Y	Y	\$1,461.09
L6350*	Y	Y	\$3,668.26

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L6360*	Y	Y	\$2,554.41
L6370*	Y	Y	\$1,628.86
L6380*		Y	\$933.85
L6382*	Y	Y	\$1,269.27
L6384*	Y	Y	\$1,760.10
L6386*		Y	\$322.06
L6388*		Y	\$405.46
L6400*	Y	Y	\$2,481.18
L6450*	Y	Y	\$3,296.72
L6500*	Y	Y	\$3,241.94
L6550*	Y	Y	\$4,055.02
L6570*	Y	Y	\$4,219.19
L6580*	Y	Y	\$1,508.56
L6582*	Y	Y	\$1,471.67
L6584*	Y	Y	\$1,641.74
L6586*	Y	Y	\$1,707.87
L6588*	Y	Y	\$2,266.78
L6590*	Y	Y	\$2,273.45
L6600*		Y	\$150.43
L6605*		Y	\$148.53
L6610*		Y	\$135.93
L6615*		Y	\$156.57
L6616*		Y	\$52.02
L6620*		Y	\$272.84
L6623*		Y	\$514.43
L6625*		Y	\$426.53
L6628*		Y	\$512.24
L6629*		Y	\$147.01
L6630*		Y	\$172.84
L6632*		Y	\$69.47
L6635*		Y	\$166.13
L6637*		Y	\$294.47
L6638*	Y	Y	\$2,039.28
L6640*		Y	\$235.23
L6641*		Y	\$129.47
L6642*		Y	\$174.38
L6645*		Y	\$256.01
L6646*	Y	Y	\$2,571.99
L6647*		Y	\$423.47
L6648*	Y	Y	\$2,652.65
L6650*		Y	\$271.46
L6655*		Y	\$60.24
L6660*		Y	\$75.40
L6665*		Y	\$36.94
L6670*		Y	\$38.46
L6672*		Y	\$162.18
L6675*		Y	\$96.31
L6676*		Y	\$113.54
L6680*		Y	\$197.07
L6682*		Y	\$214.81
L6684*		Y	\$305.36
L6686*		Y	\$473.45
L6687*		Y	\$616.78
L6688*		Y	\$424.84

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L6689*		Y	\$720.49
L6690*		Y	\$551.44
L6691*		Y	\$276.83
L6692*		Y	\$561.14
L6693*	Y	Y	\$2,315.12
L6700*		Y	\$554.68
L6705*		Y	\$291.43
L6710*		Y	\$350.50
L6715*		Y	\$366.58
L6720*		Y	\$912.22
L6725*		Y	\$427.46
L6730*		Y	\$574.33
L6735*		Y	\$311.37
L6740*		Y	\$415.40
L6745*		Y	\$380.08
L6750*		Y	\$366.32
L6755*		Y	\$354.01
L6765*		Y	\$345.15
L6770*		Y	\$357.91
L6775*		Y	\$402.07
L6780*		Y	\$417.92
L6790*		Y	\$374.91
L6795*	Y	Y	\$1,019.66
L6800*	Y	Y	\$1,001.53
L6805*		Y	\$285.58
L6806*	Y	Y	\$1,318.88
L6807*	Y	Y	\$1,056.79
L6808*	Y	Y	\$1,007.25
L6809*		Y	\$390.46
L6810*		Y	\$176.56
L6825*		Y	\$933.55
L6830*	Y	Y	\$1,448.02
L6835*	Y	Y	\$1,247.64
L6840*		Y	\$824.00
L6845*		Y	\$686.67
L6850*		Y	\$625.02
L6855*		Y	\$837.37
L6860*		Y	\$710.68
L6865*		Y	\$297.02
L6867*		Y	\$770.47
L6868*		Y	\$192.27
L6870*		Y	\$231.91
L6872*		Y	\$935.77
L6873*		Y	\$375.16
L6875*		Y	\$623.33
L6880*		Y	\$470.38
L6881*	Y	Y	\$3,333.83
L6882*	Y	Y	\$2,528.91
L6890*		Y	\$145.74
L6895*		Y	\$457.71
L6900*	Y	Y	\$1,211.34
L6905*	Y	Y	\$1,177.46
L6910*	Y	Y	\$1,147.08
L6915*		Y	\$502.05

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

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L6920*	Y	Y	\$6,505.91
L6925*	Y	Y	\$7,016.86
L6930*	Y	Y	\$6,835.73
L6935*	Y	Y	\$7,338.99
L6940*	Y	Y	\$9,381.67
L6945*	Y	Y	\$10,914.48
L6950*	Y	Y	\$10,663.59
L6955*	Y	Y	\$12,771.10
L6960*	Y	Y	\$12,880.62
L6965*	Y	Y	\$13,955.45
L6970*	Y	Y	\$14,127.73
L6975*	Y	Y	\$15,136.45
L7010*	Y	Y	\$2,929.07
L7015*	Y	Y	\$4,710.78
L7020*	Y	Y	\$2,800.47
L7025*	Y	Y	\$2,753.99
L7030*	Y	Y	\$4,615.59
L7035*	Y	Y	\$2,894.50
L7040*	Y	Y	\$2,260.89
L7045*	Y	Y	\$1,296.25
L7170*	Y	Y	\$4,933.87
L7180*	Y	Y	\$28,633.80
L7185*	Y	Y	\$5,118.81
L7186*	Y	Y	\$9,277.36
L7190*	Y	Y	\$6,476.32
L7191*	Y	Y	\$9,505.36
L7260*	Y	Y	\$1,840.51
L7261*	Y	Y	\$3,486.77
L7266*		Y	\$794.01
L7272*	Y	Y	\$1,783.10
L7274*	Y	Y	\$5,321.21
L7360*		Y	\$182.37
L7362*		Y	\$267.90
L7364*		Y	\$319.57
L7366*		Y	\$430.47
L7367*		Y	\$317.49
L7368*		Y	\$411.57
L7499*		Y	75% OF BILLED
L7500*		Y	75% OF BILLED
L7510*		Y	75% OF BILLED
L7520*		Y	75% OF BILLED
L8000*		Y	\$30.15
L8001*		Y	\$102.28
L8002*		Y	\$134.54
L8010*		Y	75% OF BILLED
L8015*		Y	\$48.88
L8020*		Y	\$160.88
L8030*		Y	\$285.49
L8035*	Y	Y	\$2,987.57
L8039*		Y	75% OF BILLED
L8040*	Y	Y	\$1,789.41
L8041*	Y	Y	\$2,156.92
L8042*	Y	Y	\$2,423.50
L8043*	Y	Y	\$2,714.31

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

L8044*	Y	Y	\$3,005.15
L8045*	Y	Y	\$1,881.65
L8046*	Y	Y	\$1,938.80
L8047*		Y	\$993.63
L8048*		Y	75% OF BILLED
L8049*		Y	75% OF BILLED
L8100*		Y	75% OF BILLED
L8110*		Y	75% OF BILLED
L8120*		Y	75% OF BILLED
L8130*		Y	75% OF BILLED
L8140*		Y	75% OF BILLED
L8150*		Y	75% OF BILLED
L8160*		Y	75% OF BILLED
L8170*		Y	75% OF BILLED
L8180*		Y	75% OF BILLED
L8190*		Y	75% OF BILLED
L8195*		Y	75% OF BILLED
L8200*		Y	75% OF BILLED
L8210*		Y	75% OF BILLED
L8220*		Y	75% OF BILLED
L8230*		Y	75% OF BILLED
L8239*		Y	75% OF BILLED
L8300*		Y	\$77.19
L8310*		Y	\$124.49
L8320*		Y	\$42.87
L8330*		Y	\$39.59
L8400*		Y	\$12.62
L8410*		Y	\$17.56
L8415*		Y	\$18.98
L8417*		Y	\$61.32
L8420*		Y	\$15.60
L8430*		Y	\$19.69
L8435*		Y	\$16.86
L8440*		Y	\$33.54
L8460*		Y	\$53.45
L8465*		Y	\$39.12
L8470*		Y	\$7.14
L8480*		Y	\$9.84
L8485*		Y	\$10.68
L8490*		Y	\$111.58
L8499*		Y	75% OF BILLED
L8500*		Y	\$529.27
L8501*		Y	\$96.88
L8505*		Y	75% OF BILLED
L8507*		Y	\$34.15
L8509*		Y	\$89.04
L8510*		Y	\$206.06
S9434			75% OF BILLED
S9435			75% OF BILLED
V2623	Y	Y	\$761.71
V2624	Y	Y	\$62.10
V2625	Y	Y	\$391.40
V2626	Y	Y	\$160.00
V2627	Y	Y	\$1,342.78

Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications. Medicare/Medicaid Coding Assistance - Call 877-735-1326

V2628	Y	Y	\$325.33
V2629	Y	Y	75% OF BILLED
V5266			75% OF BILLED
V5336	Y	Y	75% OF BILLED